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In the Matter of

JOHN GLOVER, M.D.

Holder of License No. 8971 For the Practice of Allopathic Medicine In the State of Arizona. Case No. MD-11-1037A

ORDER FOR DECREE OF CENSURE AND PROBATION AND CONSENT TO THE SAME

John Glover, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Decree of Censure and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

- 1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- 2. Respondent is the holder of license number 8971 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-11-1037A after receiving notification of a malpractice settlement regarding Respondent's care and treatment of a 50 year-old male patient ("JD") alleging failure to diagnose lung cancer with subsequent patient death.
- 4. On October 30, 2001, Respondent saw patient JD for pulmonary consultation. Respondent noted a CT scan from four days prior that showed a cavitary lesion. He was suspicious of a Valley Fever diagnosis and ordered cocci serology, PPD and a bronchoscopy, which was performed a week later.
- 5. Respondent saw JD on November 14, 2001 and noted the bronchoscopy findings that included a single multinucleated giant cell without granuloma formulation, and with negative cytology. On January 18, 2002, Respondent saw JD and noted a repeat CT scan of January 3 that showed slight enlargement of the cavity.

- 6. On April 1, 2002, Respondent noted a repeat CT scan from March 15 that showed no significant change. Respondent charted that he would recommend surgical excision if the lesion enlarged.
- 7. On July 2, 2002, Respondent saw JD and noted that the nodule was stable based on a June 3 repeat CT scan. Respondent planned extirpation if the nodule grew, and recommended a six-month follow up CT scan.
- 8. On January 13, 2003, Respondent saw JD and noted a size increase of the lesion shown on a January 6 repeat CT scan. Respondent noted that surgery was an option, but elected not to go in that direction since JD was feeling well. He recommended a two-month repeat CT scan.
- 9. On March 18, 2003, Respondent noted a decrease in size of the nodule shown on a March 10 repeat CT scan. He concluded that it was likely coccidioidal.
- 10. On September 12, 2003, Respondent noted 'waxing and waning' of the nodule and reiterated that Valley Fever was clinically suspected as the cause. On March 16, 2004, Respondent saw JD and again noted 'waxing and waning' of the nodule, and a one-year follow up CT scan was scheduled.
- 11. On March 29, 2005, Respondent saw JD and acknowledged the March 22 CT scan findings that showed that the cavitary lesion slightly increased in size. Respondent did not believe this was an active infectious process and scheduled a three-month follow up CT scan.
- 12. On June 21, 2005, Respondent noted that JD was wheezing on forced expiration. Respondent ordered a PET scan, which showed findings suggestive of malignancy. The next month, JD underwent a right lower lobectomy and was diagnosed with adenocarcinoma. He underwent chemotherapy and radiation; however, by June 2006 JD had evidence of recurrent disease. He underwent more chemotherapy and a repeat

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PET scan showed some response. After several months of progressive decline in his respiratory distress, JD died on December 9, 2007.

- 13. The standard of care in managing a cavitary solitary pulmonary nodule requires a physician to determine the risk of malignancy and, if the patient has intermediate or higher risk of malignancy, the standard of care requires a physician to pursue a definitive diagnosis of the nodule.
- 14. Respondent deviated from the standard of care by failing to pursue a definitive diagnosis, either by repeat bronchoscopy, transthoracic needle aspiration or open biopsy or resection when the results of the initial study came back negative.
- 15. Failure to make a correct diagnosis early in the course of the management of the cavitary nodule delayed definitive treatment for more than three years. It is possible that the tumor was at an early stage cancer in 2001 and, had it been removed surgically, the patient may have been successfully treated for his disease.

CONCLUSIONS OF LAW

- The Board possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

- 1. Respondent is issued a Decree of Censure.
- 2. Respondent is placed on probation for **three year(s)** with the following terms and conditions:

- Within 30 days of the effective date of this order, Respondent shall enter a contract with a Board pre-approved monitoring company ("Monitor") to provide all monitoring services. Respondent shall bear all costs of monitoring requirements and services.
- The Monitor shall conduct quarterly chart reviews. Based upon the b chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.
- Respondent shall obey all state, federal and local laws, all rules Ċ. governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.
- In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.
- Respondent may petition the Board to request early termination of the Probation no earlier than two years after the effective date of this Order.

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DATED AND EFFECTIVE this

(SEAL)

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ARIZONA MEDICAL BOARD

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Lisa S. Wynn

Executive Director

CONSENT TO ENTRY OF ORDER

- Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.
- 2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.
- 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.
- 4. The Order is not effective until approved by the Board and signed by its Executive Director.
- 5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
- 6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

- 7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.
- 8. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.
- 9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.
- 10. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.
 - 11: Respondent has read and understands the conditions of probation.

DATED: 5-22-12

	John Glover, M.D.
	EXECUTED COPY of the foregoing mailed
	this day of , 2012 to: John Glover, M.D.
	Address of Record
1	ORIGINAL of the foregoing filed this day of 2012 with:

Arizona Medical Board 9545 E. Doubletree Ranch Road Scottsdale, AZ 85258

Arizona Medical Board Staff